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PRACTICE OF HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been led, by observing the treatment of disease by homœopathists, to inquire whether these practitioners had *any faith* in their treatment, and whether there was not more in the *name* than anything else.

Gentlemen may take great pains to defend their method of practice, as one gentleman of your city has recently done; but when theory and practice do not agree, I come to the conclusion that the physician has no faith in that which he so strenuously defends. The *system* upon which these men practise is so widely different from what we regard as rational treatment, that there *can be no common ground* upon which we may meet. Either the homœopathist must entirely relinquish his theory, or the regular physician must throw his first principles aside. Now we are well aware that most diseases are self-limited (and your correspondent of July 16th has fairly stated the case); and those diseases which are *not* self-limited, and which the practitioner knows from experience will proceed uniformly from bad to worse, are just so uniformly treated by the method pursued by the regular physician. I am aware that this statement, if generally believed, would overthrow the whole system of infinitesimal doses—and yet I am not so vain as to suppose it will have much effect on those who are determined to “believe a lie.”

Something more than a year ago, on the occasion of the meeting of the Mass. Medical Society, I visited Boston, and called to see an elderly gentleman in regard to whose health and welfare I was much interested. He had been ill for some days—weeks, perhaps; his disease was abdominal dropsy—renal in its origin. He was attended by a homœopathic practitioner, a gentleman who by his attention and kindness had endeared himself to the family; and after examining the case and the medicines prescribed, I was well

satisfied that my friend was in good hands, and that he would soon recover, which was the case. And what were these remedies? Shadows, myths, impossibles? By no means. That excellent remedy the iodide of potassium, in doses of three or four grains, infusion of senna, and other diuretics and cathartics, were shown; and the result showed the wisdom and skill of the physician. The treatment was good—was it homœopathic? A lady in the same family was, at the same time, by his direction, taking iodide of potassium three times a day in doses of three grains, and powders of strychnine, which were so potent as to be decidedly bitter.

I am assured by those of my acquaintance, who practise by this system, that in cases of actual disease, where nature does not, unaided by medicine, but assisted by diet and proper nursing, work a cure, they invariably resort to remedies altogether forbidden by the great apostle of homœopathy. This, I am satisfied, is their practice generally. I can furnish proof that what I state is true, and the "great defender" of the system in Boston would find himself in a "tight place" were he to deny the truth of this assertion. Be honest, gentlemen, and we can then meet you and talk understandingly. If you have faith in your system, hold fast to it—you will make no converts by your uncertain and vacillating course.

J. F. D.

July 23d, 1857.

ON THE TREATMENT OF ACUTE RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Among the mass that has been written and said upon the treatment of this painful and oftentimes lingering disease, the young practitioner is often at a stand what course to pursue. One writer has the greatest faith in alkalies, while another would use nothing but acids. Having had under my care quite a host of martyrs to this disease, and finding that with acids or alkalies it still kept on, I adopted a treatment which, in some respects, differs from any I have ever heard of or seen written; although it may not be new to *many* of your readers.

After having procured free evacuations by means of senna and Epsom salts, I begin the administration of equal parts of vinum colchici and spts. terebinthinæ, in ten-drop doses, every two or three hours. After a day or two, I give in connection with this (only at different intervals, say of five hours each), tinct. ferri chlor. ten drops—using opium to quiet pain as much as may be necessary. I also allow a free use of an infusion of coffee, of average strength, when prepared as a beverage. If the patient's appetite remains, I allow a moderate use of his usual food, to be taken at the customary intervals. Under the foregoing treatment,

I have not known of any cases so lingering as I have seen under any other treatment.

This may be all old to you and your readers, but the *iron* and *coffee*, together with the rather *free use of food*, were original with me, and are rather contrary to some of our older practitioners, who formerly bled and starved so much. I think every one will be well satisfied with the early tonic course, however high the febrile excitement may be—always, of course, with proper caution.

Yours, &c.

L. C. GORDON.

DR. OLIVER'S LETTER FROM VIENNA.

[Concluded from page 58.]

I WILL now speak of the pathologico-chemical course of Dr. Heller, and at some length, since, whatever may be thought of his tendency to exaggerate in his specialty, he has certainly greatly simplified the examination of animal fluids, and without doubt added to our means of diagnosis of diseases. Of the application of uroscopy to diagnosis, I shall speak later; I wish first to mention Dr. H.'s method of examining the urine, and you will see how little apparatus and how few re-agents are necessary to analyze everything which can interest the physician. You will see, also, that one must accustom himself thoroughly to the appearance of the ingredients of normal urine, when precipitated by re-agents, to be able to judge when any ingredient is increased or diminished. That such an analysis is but approximative, is clear, but it is at the same time all that is required by the physician. It is evident that the latter must give up the examination of the urine altogether, unless some means are given him of accomplishing this without having recourse to a precise quantitative analysis with the scales.

In the examination, Dr. Heller recommends regard to be paid to the following points. 1st. The urine should be fresh, concentrated (that passed in the morning is the best), and of one excretion, and not a *melange* of all that is passed during the twenty-four hours, or even during the night. On this latter condition, Dr. H. lays great stress. 2d. The quantity of fluid taken by the patient, and whether he has freely perspired or not, since both these circumstances affect the concentration of the urine. 3d. The treatment; whether medical substances may have been given, which pass out by the kidneys, or which may affect the quantity of certain elements of the urine. In the analysis, the color, smell, re-action with litmus, specific gravity, and whether the excretions be with or without sediment, are first noted, and then turning about two ounces of the urine into a bell-shaped glass holding about four ounces, a small quantity of concentrated nitric acid is allowed to flow along its side; the glass being inclined, to allow the acid to

flow to the bottom. This is the test for albumen, and is exceedingly sensitive, if regard be paid to the manner of introducing the acid. If albumen be present, a whitish layer is formed in the centre of the fluid, whose edge above and below is quite sharply defined. If urates, but no albumen, are present, a layer is formed also in the centre of the fluid, but its color is less white; and while the lower edge is pretty sharply defined, the upper is wanting—that is, the urates become less and less dense as they approach the top of the fluid. When both albumen and urates are present, the former constitutes the lower layer and the latter the upper, while a thin layer of clear acid lies between. The glass, which has heretofore been held with the least possible motion, is then shaken, and a drop of a solution of nitrate of silver allowed to fall on the surface of the liquid. This is the test for the chlorides (potash and soda; the urine being already acidulated by the nitric acid, the precipitation of phosphate of silver is prevented). If the precipitate formed by the addition of the nitrate of silver falls in a distinct, compact mass to the bottom of the glass, the chlorides are present in normal quantity. They may also be increased, but this has no particular value. If, however, instead of this appearance, the urine becomes filled with little flakes of the precipitate, the chlorides are diminished; and still more so, if the urine assumes a milky appearance. The examination being thus far completed, if there is no suspicion of the presence of sugar, Dr. H. is enabled to judge of the quantity of urea and uric acid, for the relative quantity of which, in ordinary cases, he makes use of no particular test. For instance, supposing that in urine of a low specific gravity—say 1008—the chlorides being normal (showing that we are not dealing with *urina potus*), and that albumen is present in considerable quantity; the inference is that the urea and uric acid are diminished, since these, and the chlorides, of the normal ingredients of the urine, influence its specific gravity the most. Or, again, supposing the urine has a normal specific gravity, 1021; no albumen, no sugar, and chlorides diminished; the inference is that the urea and uric acid are increased. I may add, here, that the absence of albumen in the urine would imply the absence of both blood and pus.

Dr. H. continues by examining the coloring matters of the urine. Urophœin is tested by adding a small quantity of urine to a larger quantity, say two ounces, of pure sulphuric acid. If urophœin be present in normal quantity, the mixture becomes crimson—of a shade similar to that of a like quantity of currant-jelly. Uroxanthin is recognized by adding the urine, drop by drop, to muriatic acid, contained in a glass. If the violet color does not shortly appear, a few drops of nitric acid may be added. To be able to judge of the increase or decrease of both these coloring matters, one must of course be acquainted with the appearance of normal

urine when treated with the same re-agents. A decrease, however, of uroxanthin is of no practical value.

The salts of the urine are next sought after. Of the chlorides I have already spoken. The earthy phosphates (lime and magnesia) are precipitated by ammonia. These must be removed by filtering, and the filtrate tested for the alkaline phosphates (potash and soda). For this purpose, a mixture of equal parts of sulphate of magnesia and muriatic acid, made alkaline with ammonia, is employed. The sulphates (of soda and potash) are precipitated by chloride of barium, to which has been added a little muriatic acid, in order to prevent the falling of the phosphate of barium. Dr. H. also makes mention of what he calls bone-earth, consisting of basic phosphate of lime, with a little phosphate of ammonia and magnesia and a little carbonate of lime. These are precipitated by the application of heat, and are distinguished from albumen by the addition of acetic acid, which dissolves them, while albumen is not affected.

Of the abnormal matters occurring, I have already mentioned albumen. Bilephœin, the coloring matter of the bile, is recognized by the change of color (to blue, violet, and red) under oxidation with sulphuric acid. Bilin, the cause of the bitter taste of the bile, gives, on addition of a solution of sugar, and afterward of sulphuric acid, a deep crimson color. The acid should be added drop by drop, and the test-tube held in cold water, otherwise the action of the acid on the sugar would conceal this crimson color. An abnormal coloring-matter, which Dr. H. calls uro-erytrin, and which is, according to him, the cause of the rose color of the late-ritious sediment, is shown, when present, by a solution of acetate of lead. The precipitate which occurs is colored rose-buff by the said coloring matter.

As I am speaking chiefly of what appears to me to be original with Heller, I pass over many things, such as the test for sugar, the determination of the character of the urinary sediments, &c. In regard to pus, however, I will merely mention a test with potash, which Dr. H. employs. With this re-agent, urine containing pus becomes jelly-like in consistence; this is still more apparent if the urine thus treated be poured from glass to glass.

I pass now to the consideration of these changes as signs of disease. Urophœin—which I ought to have said is, according to Heller, the cause of the color, smell, and acidity of normal urine—is increased in acute inflammatory diseases, especially those of the thoracic organs. The greatest increase, however, is found in acute and chronic affections of the liver. The same substance is diminished in nervous diseases; in anæmia, &c. Uroxanthin is increased in nervous diseases, and onanism. Decrease of no value practically. Urea and uric acid are increased in acute inflammatory

diseases, especially in meningitis. In typhus, increased only at the commencement of the disease. Most constant decrease in diseases of the kidneys. Chlorides—increase of no value. Decreased in all acute exudative processes, pleurisy, &c. Greatest decrease in cholera. Sulphates, alkaline phosphates—increased in acute inflammatory processes, especially in meningitis; increase in typhus but small. Decrease in nervous diseases.

Earthy phosphates have the greatest increase in acute and chronic rheumatism. Decrease of these salts in diseases of the kidneys and of the spine. Of the abnormal matters, sugar appears not only in *diabetes mellitus*, but also in encephalitis, and in lacteal congestion in women. Albumen exists not merely in Bright's disease, but also during pregnancy and in many acute diseases. Blood and pus in alkaline urine indicate cystitis. Bone-earth occurs in meningitis, chronic rheumatism, and caries. Carbonate, sulphate and urate of ammonia occur in absorption of exudations (in pneumonia, &c.); uro-crythin in disease of the liver, rheumatism, intermittents, &c. Bilephœin, of course, implies disturbance of the function of the liver or obstruction of the ductus choledochus. In the sediments, carbonate of soda and lime occur in chronic disease of the brain; oxalate of lime in rheumatism and gout.

Let us now suppose a few cases in which the alterations in the urine may aid our diagnosis and prognosis. Where, for instance, the diagnosis between meningitis and typhus is doubtful, regard may be had to the sulphates and alkaline phosphates; as these salts are considerably increased in meningitis, and in typhus remain normal or are but slightly increased. In rheumatism, there is an increase of the earthy phosphates; if, however, pericarditis sets in, these salts, as also the chlorides, diminish rapidly. In cystitis, we are warned of the approach of pyelitis by the decrease of the urea; as in all affections of the kidneys this substance is not eliminated from the blood. In case there is a sediment of urate of ammonia, and this suddenly fails to appear, while the cystitis continues without abatement, we may suspect affection of the kidneys. In a case of ascites, with an increase of urophœin, we may suspect the liver to be the cause of the trouble; absence of inflammatory processes, in which there is also increase of urophœin, is proved by want of increase of sulphates and alkaline phosphates. In all acute inflammatory diseases, the return of the chlorides should be watched daily; if they return, convalescence may be relied upon. The appearance of cystin in the urine implies, according to Dr. H., a stone of the same substance in the bladder. (I find that Robin makes the same assertion.)

From what I have said, you may perhaps have obtained some idea of Heller's views of the pathology of the urine. It remains to be decided, by time, whether all that he claims for this part of

medical investigation be true. It is, meanwhile, a subject of congratulation that the examination of the urine is, by its simplicity, put into the hands of every physician.

Prof. Oppolzer invariably makes use of Heller's method, and has great faith in many points asserted by the latter as means of diagnosis and prognosis. Whether the inferences from the changes in the urine verified here, will also be found good with us and in England, is another point to be decided; this is admitted by Heller himself. It is certain that some substances occur much more frequently in the urine in England and in the United States than here; for instance, oxalate of lime and urate of soda.

Besides the urine, Dr. Heller treats also of the fæces, the sputa, and of vomitus. But I have already spent much time on his course, which, however, is one of the most interesting of the private courses given in Vienna.

I suppose a description of the surgical department would interest you particularly; but I am really not in a condition to tell you much about it, as my studies have been for the most part in the medical wards, and I have visited the wards of Profs. Schuh and Dummreicher only a few times. The material is, however, rich, and the surgery good; although Berlin with its Langenbeck is, in this department, superior.

There is an organization in Austria, for the education of young surgeons, which I will make mention of. Every year there are chosen, at each of the Universities, one or two students, who are sent, at the expense of government, to Prague and to Vienna (about 12 to the former city and 24 to the latter), and who are to pay particular attention to operative surgery. They remain in this capacity two years, during which time they are allowed to assist at all operations, and also to perform all but the most delicate. At the end of the time mentioned, they are sent to different parts of the empire to settle, and these places are selected for them by the government. It results from this, that all parts of Austria, country as well as city, are furnished with surgeons already experienced in their art. The other students who attend the surgical wards are meanwhile not shut out from enjoying their advantages, since they are allowed to perform such minor operations as may be presented among the out-patients, and have also the care of patients in the wards as in the medical department.

Professor Rokitsansky still occupies the chair of Pathological Anatomy here; but his lectures are deprived of much of their interest from the fact that he speaks exceedingly low and indistinctly, so that only those students who are immediately by his side, have any idea of what he is saying. His lectures are therefore but poorly attended, the students choosing, instead, the private course of his assistant, Dr. Klob. Prof. R.'s duties, as Dean of the Faculty, interfere, I suspect, somewhat with his duties as professor. The state

of his health may also prevent his taking as much interest in his lectures as formerly. He said one day to a student, who had come to him to obtain a ticket for his course, "What, you are not going to be so foolish as to attend my lectures, are you?"

The course given by Dr. Klob is exceedingly rich in material, and Dr. K. gives his explanations with much clearness of style. About four or five *post-mortem* examinations take place daily in the hospital, and the demonstration of the specimens derived from these constitutes the principal part of the course. A body is, however, furnished daily by Dr. K., of which the students themselves make, in turn, the examination, pointing out the various morbid appearances as they proceed. At other times, a part of the hour is spent in the Museum of Pathological Anatomy, the specimens in which were for the most part collected by Rokitansky himself, and which are numerous and many of them rare. In Dr. Klob's course alone, however, one is sure, not only to become acquainted with all those morbid appearances which he is likely to meet with in future, but also to see many comparatively rare specimens. For instance, I remember seeing, in the course I took, a lipoma, situated in the inner wall of the heart; acute atrophy of the liver; carcinoma of the supra-renal capsules; echinococcus of the lung; large, solitary (perforating) ulcer at the cardiac orifice of the stomach; sudden insufficiency of the aortic valves through bursting of one of their number *in its centre*; a membranous state of a portion of the wall separating the ventricles of the heart, causing an aneurismal bulging into the right ventricle, &c. &c.

Although I have, necessarily, given but a mere sketch of the General Hospital and the different courses which take place in it, I think I must by this time have taxed your patience quite enough, and I close my letter here. No student, provided he has a knowledge of the German language, ought to hesitate a moment between Paris and Vienna as a place of study. Besides the courses I have mentioned, there are private courses on every subject given by *chefs de clinique* and by the assistant physicians, and which last, each, two weeks or more longer than at Paris, at but little more than half the price paid there. The professors and others are also very attentive to foreigners, making life much pleasanter than at Paris. We are allowed, for instance, free access to the rooms of the Medical Society, where there is a fine reading-room, with the medical journals from all parts of the world, and also to its meetings, which take place once, sometimes twice a week. This Society has not, as with us, a permanent president, but has instead a president for each of the departments in medicine. Rokitansky is president of one department, Oppolzer of another, Skoda of another, &c. The meetings do not last over an hour and a half, and the members afterward betake themselves to a private room in a hotel, where beer-drinking and jokes are the order of the day.

Any member who then broaches a scientific subject, of any kind whatever, is subject to a fine. It will surprise you, perhaps, from the description I have given of Skoda, to learn that of this jollification-meeting he is president. Your ob't serv't,

HENRY K. OLIVER, JR.

AMYLENE IN MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSERS. EDITORS.—Having reported to you, on a former occasion, a case of successful administration of this new anæsthetic in a surgical operation, I have now the pleasure of informing you that I have given it in a case of parturition with perfect success, and satisfactory results.

August 8th, 1857, I was called to attend upon Mrs. H., a young woman spare in flesh and delicate in constitution, aged 24—a primipara. By request, I administered amylene, with the aid of the French inhaler. I commenced giving it to her about 10, A.M., permitting her to inhale from the mouth-piece whenever the labor pains occurred, which was on an average once in eight minutes. I sat by her bedside thus administering the amylene for five hours. She inhaled in all about four ounces. The contractions of the uterus were not affected in the least by the anæsthetic; they were quite as effectual while the patient was under its influence, as when she suffered the pangs of childbirth. She was not stupefied by the amylene at any time, except at the very moment of delivery, but was conscious of her situation and able to converse intelligently. As the head of the child engaged in the inferior strait, and the pains occurred in very quick succession, I placed her under the full influence of the anæsthetic, and the child was born without her knowledge of the fact—she having been in labor about five hours. The womb contracted readily upon the placenta, which was expelled in about five minutes afterward. The patient recovered herself in a few minutes, and has continued to do well up to this date. One point worthy of remark, was, that she retained her strength remarkably well, although of a feeble constitution, and her present favorable and comfortable condition I am inclined to think is in a great measure due to her comparatively painless labor.

The amylene which I used was the same as that employed in the case reported some time in June last—from Dr. Snow, of London. Dr. Tyler Smith, of London, reports a case in which he had administered amylene in a case of obstetrics; and as we have no recorded instance of its being so employed in this country, the case which I have related will be of interest. Yours, &c.

Binghamton, N. Y., August 10th, 1857.

JOHN G. ORTON.

CURIOUS CASE OF DELIRIUM TREMENS.

[Communicated for the Boston Med. and Surg. Journal.]

BY S. KNEELAND, JR., M.D., BOSTON.

A GERMAN miner, æt. 38, of intemperate habits, having been on a spree, suddenly resolved to lead a sober life. He had totally abstained from ardent spirits for a week, when he was taken with delirium tremens on June 8th, 1857. He was easily quieted with opiates and porter. He spent the night in a German "grocery," and was seized with more violent delirium the next morning. He fancied the devil was thrusting sticks into him, and he endeavored to draw them out. While engaged at this, being undressed and in bed, he chanced to spy his penis, which he at once seized for extraction; having hold of something tangible, he exerted himself strongly to pull out the "poker," as he conceived it to be. Failing in his attempt, he jumped out of bed and seized a piece of inch board; then laying the penis on the rail of the bedstead, he placed the edge of the board on it, and, taking hold of each extremity of the wood as a saw, he commenced operations. He rolled and lacerated the penis with the edge of the board, throwing his hips and body backward, until he cut through the skin at the root of the organ, and stripped it, turning the integuments over the glans, completely denuding it as far as the corona, where the skin preserved its attachments. The integuments were carefully replaced, with the feeble hope that some portion might re-unite. Evaporating lotions were used for the first twenty-four hours. The next day, there being no signs of life in the skin, a yeast poultice was applied. The slough soon came away, leaving a clean healthy granulating surface, which was dressed with simple cerate. The delirium was soon effectually subdued by opium, porter, and an occasional cathartic. At the end of a month, the penis was covered with new skin, except a ring about half an inch wide around the middle of the organ—and the man commenced work again.

August, 1857.

FATAL CASE OF POISONING WITH ELIXIR PAREGORIC.

[Communicated for the Boston Medical and Surgical Journal.]

A. R., aged nine months, a strong healthy child during the first three months, had taken small doses of this paregoric to quiet restlessness. During the space of one week previous to its death, it had been teething, and had a good deal of diarrhœa and uneasiness in consequence. At last, the restlessness became so great that at 1 o'clock, A.M., the mother arose, and filled a teaspoon with sugar, on which she poured, as she supposed, a few drops of paregoric, and gave the child. The child lay sleeping and throwing its

arms about as it was wont to do. At 7, it was taken up, but could not be aroused. At 8, A.M., I was called, and found the child perfectly unconscious, and incapable of swallowing, or being in the least aroused; pupils contracted and immovable; hands and feet cold, with blueness of the skin; intermittent pulse, and deep stertorous breathing. After endeavoring in vain to produce vomiting with ipecac and sulphate of zinc, enemata were resorted to, which produced copious discharges, but without affording the least relief. The child lingered until 12, P.M., and died.

All that is singular in the case, is the small amount of opium which destroyed life, admitting even that the sugar in the spoon was perfectly saturated with the medicine (which probably was not the case), and it would seem impossible that its effects should be so great, since one ounce of the paregoric contains less than two grains of opium.*

C. S. Wood, M.D.

Greene, Chenango Co., N. Y.

Bibliographical Notices.

Reports of Committees to the Massachusetts College of Pharmacy, at the Annual Meeting, March 2, 1857, with the Code of Ethics. Boston: printed by David Clapp. 1857. 8vo. Pp. 24.

WE have before expressed our belief in the importance of Pharmaceutical Associations in general, and the Massachusetts College of Pharmacy in particular. Everything which tends to elevate and improve the art of Pharmacy has a beneficial influence upon medicine. We are indebted to pharmacy for many of our keenest weapons for the destruction of disease, and it is in no small degree owing to the great improvements in the preparation of the various articles of the *materia medica* that such progress has been made of late years in the department of Therapeutics. The pamphlet before us consists of the reports of various committees made to the Massachusetts College at their last annual meeting. We think the College does wisely in printing these reports. They show a most commendable zeal on the part of its members for improvement in pharmacy, and for the dignity of the pharmaceutical profession, and we are glad that the community and the medical profession are in a way to know that a large number of apothecaries are striving to raise their calling to the rank which it holds on the continent of Europe. We cannot forbear to make a few extracts from these Reports, which will convey to some of our brethren who have not seen the pamphlet, an idea of its contents.

The Committee of Inspection say:—

"In relation to the 'State of the Drug Trade, changes in quality, price, scarcity and supply,' that in their judgment the drug trade has assumed a much better condition during the past few years, than before the matter of quality of drugs was agitated so much by the different Colleges of Pharmacy; and your commit-

* Such powerful effects following so small a dose of the medicine lead us to suppose that laudanum might possibly have been given instead of paregoric in this case.—EDITORS.

tee would in this connection say that they believe the better portion of our profession are aiding the College of Pharmacy, by doing much to raise the standard as to quality of drugs, and take pleasure in saying that by very many pharmacists the quality of drugs is now more looked at than the price. Your committee feel that the increased care in the purchase of medicines is due in some considerable degree to the efforts made by the Colleges of Pharmacy throughout our country."

"The changes in price of drugs have been very great during the past year, in many instances owing entirely to speculative demands, in others to a real scarcity, and in others to a merely temporary want of supply. The foreign drugs have been more frequently under the influence of the first and last named causes, but the native drugs—such as *senega*, *serpentaria*, *spigelia*, &c.—have been advancing, as is believed by your committee, from the second cause, a real scarcity."

This scarcity is believed by the committee to be caused by the removal of the Cherokee Indians to the West, by whom the chief business of collecting and selling such plants as *spigelia*, *serpentaria*, *senega* and *panax* was formerly carried on.

In allusion to the accidents which have occurred from mistakes in dispensing medicines, the committee say:—

"One of the members of your committee has been shown a record kept for the last five years, by a member of this College, of the mistakes of apothecaries and those attributed to them, that have been published in the newspapers; and, starting as the fact appears, the average is that of *one mistake* every three months. This ought not so to be. It is the earnest hope of your committee that the members of the profession throughout the land will unite to prevent, by every means in their power, these occurrences.

"The public also should take warning; and as the record of these sad errors shows them to have been, in the majority of cases, committed by inexperienced and incompetent persons, the public should be more careful where they bestow their patronage, and not be unwilling to pay a fair and remunerative price for medicine.

"The details of the profession, its cares and duties, and its heavy responsibilities, should not be *forgotten* by the public; but if they wish to be protected from danger, they should give encouragement to well-educated and competent apothecaries.

These remarks are sound, and should be duly appreciated by the public.

The following observation by the Committee on the State of Pharmacy is so true that we long for a Juvenal to make mankind ashamed of their absurdity, their blindness, their folly in enriching ignorant impostors to the neglect of those who have devoted their lives to the study and treatment of disease.

"It is a singular anomaly in the present state of medical practice, that a man who would not trust his neighbor with a dollar of his money, will trust his life and all he holds dear to the charge of the merest charlatans, who pretend to cure disease by 'laying on of hands,' or by immense infusions of 'roots and herbs,' calling themselves 'Indian doctors,' 'Clairvoyants,' 'Healing Mediums,' and high-sounding titles too various and ridiculous to enumerate, in preference to medical gentlemen who would furnish the treatment or cure, gathered from the experience of ages, assisted by a most liberal education, whose lives have been devoted to scientific attainments, and the development of every resource Nature provides for the 'healing of the nations.'"

We had marked several other passages for quotation, but we have already exceeded our limits. We wish success to the Massachusetts College of Pharmacy; it promises to be of great benefit to the medical profession and to the community.

Transactions of the Second Session of the Medical Society of the State of California. Sacramento: 1857. 8vo. Pp. 43.

THIS pamphlet contains a record of the proceedings at the meeting of the State Society of California in February last, and the reports of some of the committees appointed at the previous meeting, together with the address of the presiding officer. We do not find much of interest among the contents, except the report of Dr. H. Gibbons, of the Committee on Obstetrics, from which we learn that diseases of the re-productive organs are very common among women in California. The causes assigned for this are undue excitement of those organs, consequent upon the small proportion of females in the population and upon the low degree of morals which prevails among them; early marriages; the frequency of twin births; the frequency of abortions; and the mismanagement of patients in labor by ignorant women and inexperienced men. Besides these, the reporter ascribes a considerable influence to the absurd style of dress now in fashion, by which the weight of a large number of skirts is thrown upon the hips, whereby the abdominal organs are pressed down into the pelvis. Criminal abortion, according to Dr. Gibbons, prevails to a lamentable extent in California, the indifference of the public to this crime appearing to be no less there than here.

Anæsthetic agents are but rarely employed during labor in California, and Dr. Gibbons is averse to their use. He is in the habit of giving opiates to alleviate the sufferings of childbirth. The following extract from his Report will show the manner in which he employs them.

"The liberal use of opium, more especially of the salts of morphia, has proved highly salutary in my hands, obviating the necessity for other anæsthetics. I rarely allow a patient to give birth to a child without the aid of this remedy. If the preliminary pains be troublesome, they are much allayed, if not suspended entirely, by the sulphate of morphia, administered in half-grain doses, and repeated every hour or two if necessary. I prefer it dissolved in camphor water. It does not arrest the progress of labor, provided labor be fairly instituted. It does not diminish the secretion of mucus, and so far from producing rigidity, it tends decidedly to relax the soft parts. In protracted labors it is my custom to keep the patient under its influence so as to enable her to obtain brief naps in the intervals of pain, and also to blunt the pains and render them much more tolerable. It is a great comfort to the sufferer, besides relieving materially the fatigues of the accoucheur."

We cannot approve of the use of opium to such an extent during a normal labor, and we think that equally good results can be obtained, with much less injury to the patient, by means of the inhalation of sulphuric ether.

The California "Transactions" are neatly printed, but contain numerous typographical errors besides those corrected in the list of *errata*.

Thirty-third Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn.

THIS institution at the beginning of last year contained 197 patients; during the year, 161 have been admitted, and 152 discharged, making the whole number under treatment for that period, 358. Of the discharged, 71 had recovered, 45 were more or less improved, 22 had not improved, and 14 died. The institution is in a flourishing condition. The superintendent, Dr. J. S. Butler, alluding to the effect of bleeding on insanity, after stating that his confidence in the lancet as a cu-

rative means has in no way diminished where the symptoms of the disorder indicate its use, says, "Cases of mania which have been bled previous to admission, I have invariably found difficult of treatment, protracted in their recovery, and sometimes sinking into hopeless dementia."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 27, 1857.

INDIAN DOCTORS.

Amongst the various manifestations of charlatanism now in vogue, "lo! the poor Indian" figures very conspicuously. We doubt if the victims of Indian atrocities, both of former and present days, reach a higher number under the tomahawk and scalping knife, than they finally will under the abominable compounds concocted by self-styled "Doctors," working under aboriginal titles.

The inflammatory doses of Thomsonism, the wet sheet of Hydrotherapy, the feebleness and dishonesty of Homœopathy, the chicanery of Motorpathy are seemingly not sufficient to satisfy our nostrum-loving people—they are caught, like the ancient Athenians, by every "new thing." This Indian humbug, however, is not very new; the red man has unwittingly lent the romance of his name to medication, for some years, but lately there seems a rather more extensive diffusion of this mal-practice than we have previously noticed. From facts within our knowledge, it is not only the stupid and the ignorant who are bitten with this mania. Only a few days since, a highly respectable and intelligent lady detailed to us "a wonderful cure" by an Indian Doctor. The patient, a young girl, was, we were informed, entirely given up by the physicians who had attended her. By account (said to be that of these physicians—but, as we opine, the statement of the "Indian") the poor child was in a desperate condition; having "lost one lung, both kidneys, and a portion of her liver"—we quote exactly, and can verify our statements—of the *words*—for the *facts* we are not willing to vouch. From this wretched condition, the patient has been rescued—by a few doses of a decoction prepared by an "Indian Doctor"! Comment is unnecessary—to use a hackneyed phrase—but we have quite a longing to see that marvellous elixir which restores a patient who has "lost one lung and both kidneys"! We will "bury the hatchet" with these Indians, if only they will restore certain similar cases which we wot of.

Some years since, we witnessed the death of a beautiful little girl, from over doses of *tobelia*, administered by the hands of a disciple of the so-termed Indian school. Since that, we have retained a tenfold share of horror and disgust for the entire crew. Many other evil deeds we could cite, which are chargeable to these uniformly ignorant adventurers. Such must often come under the observation of physicians.

The daily press, with scarcely an exception, favor this species of quackery, alike with those we have from time to time condemned.

This is "a free country," we constantly hear—every one can do as he pleases, provided no law be infringed. True—*too* true—for our freedom has degenerated into license, and thus the land has come under the dominion of lawlessness. Proof enough of this assertion stares us in the face, wherever we go. Now, there are no enactments to prevent the sale of quack medicines, or the impositions and frauds of unscrupulous adventurers. There *ought* to be, however, and stringent ones. Why should not the health of a man, or of a nation, be thus cared for, as well as their political and civil rights? And why should the venality of a press, which, by admitting advertisements full of deception and often of bold lies, and which are also too frequently vile in intent and expression, be tolerated by good citizens? Men who would cast an impure novel into the fire, before even its outside were seen by their wives, sons and daughters, permit newspapers, whose advertising columns are positively revolting, to lie on their tables and be perused without the least restriction or compunction. As they sow, thus they will reap—it is idle to suppose this great evil is harmless. "Can a man take fire in his bosom, and his clothes not be burned?" Whosoever toucheth pitch, straightway it defileth him.

We pass, daily, by a small shop, designated "Indian Medical Institute." The title is somewhat ludicrous, when one looks upon the arrangements constituting this "Institute," or "Office," as it is also termed in an advertisement. This latter may be perused, by the curious, in the *Boston Transcript*, and, we believe, in other daily papers. It seems there is a "system" peculiar to the occupants of this shop, which is entitled the "NATURAL OR INDIAN SYSTEM of Medicine." We incline to the opinion that the true interpretation of this title is, that those who have assumed, and those who are gulled by it, are "Natural" Fools, and that there is as much "Indian" about it as there is about a fox—and full as much unscrupulous cunning. The usual quackish trick of "consultations, personally or by letter, free of charge" is resorted to; the remuneration being derived, undoubtedly, from the sale of the "Indian Remedies," which are bottled and displayed prominently in the windows.

Dupes are not wanting, even where a little common sense and observation might teach even the unlearned and the wayfaring that they are about to be "taken in and done for." This is well illustrated at every haunt of such unrighteous money-getters; whether they open an "Institute," or placard notices of wonderful remedies, of unknown composition, from the shops of grocers, confectioners, and small toy-venders. Even the famous *Syrup of Peru* has lately taken to this latter method of working its passage. *Facilis descensus!*

Reverting, for a moment, to the "Institute," we should not omit to mention that "this noble Institution publish [sic] a valuable Paper, the 'INDIAN ARCANA,' edited by Rev. Geo. C. Bancroft, &c. &c." This must be a curiosity, in its way, and so must its editor. We conclude he must be an unsuccessful missionary to the Indian tribes, and that he has since turned herbalist—in other words, "gone to grass."

Seriously, we think that legislative and governmental power should be turned against these Indian incursions into, and predatory settlements in the midst of our peaceable community, quite as much as against the savage Cheyennes, Camanches, and other plundering "outside barbarians."

PROF. J. W. BAILEY'S REQUEST TO THE BOSTON SOCIETY OF
NATURAL HISTORY.

This bequest of the late Professor Bailey was communicated, officially, to the Society in April last, and the exceedingly valuable specimens, drawings, memoranda, &c., composing it were referred to a Committee "to receive and report" upon them. This Committee consisted of Drs. Gould, Bacon and Durkee, and these gentlemen presented, through the Chairman, Dr. Gould, a full report upon this magnificent gift. The books, drawings and correspondence were examined by the Chairman, the microscopical collection by Dr. Bacon, and the algae and preparations of organic tissues by Dr. Durkee. This Report may be found in detail in the printed Transactions of the Society, which have been handed to us by Dr. Shaw, the Recording Secretary. The entire description will well repay perusal, and the specimens are shown to be of extraordinary value—the collection, in short, is second, we suppose, only to that of Ehrenberg.

Our main object, at this time, is to call attention to the opportunity afforded to any scientific gentleman who has the leisure (how could he help having the *inclination*?) to study the collection, preserve, arrange, and, more than all—*continue to collect and study*. We cannot convey our ideas in any terms which will at all compare with the forcible and eloquent appeal of the Chairman of the Committee. We therefore must be again indebted to the interesting Records, from which we have already quoted. Dr. Gould says :

"In conclusion, the Committee would congratulate the Society in having been made the recipients of scientific treasures so rich and so rare. It becomes us to insure their preservation, and to make them profitable. In bestowing them here, he no doubt expected a better use would be made of them here than elsewhere. He was of too practical a turn to be satisfied with mere storage. He anticipated that some one would take up the subject where he left it, make himself familiar with the collection, be able to refer to the individual objects of it, and to answer such inquiries as other investigators might seek to have settled from it. What a glorious opportunity for one or more young men of leisure and scientific taste! Everything which has been collected in this country relating to the algae and to microscopic forms is here embodied, together with all the books necessary for the study and further pursuit of those branches. Whoever shall make himself master of them must be the ultimate authority for America. Such an opportunity for distinction even Ehrenberg never had. Who shall be the man?"

With such rewards in view for zealous exertion in continuing this inestimable collection and pursuing this branch of science, every day becoming of greater importance, we echo the Chairman's inquiry, "Who shall be the man?" There surely must be some one who would gladly devote himself to so welcome, so richly-remunerative a task—rather let us say *occupation*—there can be no task-master in such an employment. Is there not some one? Who speaks? Give us the opportunity to record the fact, and do not make us wait long.

LEGISLATIVE NEGLECT OF PUBLIC CHARITIES.

THE Commissioners for the erection of a Hospital for the Insane in Western Massachusetts applied to the Legislature, during its recent (special) session, for an act to prolong their functions (which would otherwise cease on the first day of October) until the first of January. It appears that the General Court at its previous session appropriated fifty thousand dollars for the completion of the hospital. Certain con-

ditions imposed by the act rendered it impossible for the Commissioners to obtain the necessary sanction for commencing the work before the middle of July. The work to be done is of such extent (including the whole heating and ventilating apparatus, a steam engine and four boilers, a lofty chimney, the distribution of hot and cold water-pipes, besides all the culinary and laundry arrangements, a brick stable, &c. &c.) that it cannot possibly be completed before January, if then. Now the expenditures must be made by the Commissioners, and if their power is to expire, the work must be left in an unfinished state until the action of the next Legislature. The opening of the hospital cannot take place in January, as previously expected, and the buildings must be greatly injured by standing in an unfinished state during the cold weather. Surely there was nothing unreasonable in the Commissioners asking to have their powers prolonged in order to enable them to do a service to the State which could not otherwise be done. The refusal of the Legislature to grant what was so much for the interest of the State, and the reference of the subject "to the next General Court," is looked upon as a tremendous joke by some papers, one of which styles the request of the Commissioners "a ludicrously futile effort." The same journal has made much complaint about our unnecessarily large State expenditures; we wonder what it will say if an additional appropriation for the hospital should become necessary, in consequence of the injuries which such extensive buildings would be likely to receive by exposure to winter weather if stopped some time previous to their completion?

A great outcry is raised because the Governor vetoes a bill for the relief of idiots; but we have not seen a single remark in the papers of the day condemning the contemptuous votes of the Senate and House of Representatives, by which the sufferings of a large number of lunatics will be prolonged for several months, and which will add considerably to the State expenses of the year; all of which evil might have been avoided by ten minutes' legislation.

BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

THE American re-print of this valuable journal has reached us a week in advance of the English copy. For some unexplained reason, the Boston subscribers to the London edition seldom receive their copies from the agents, Messrs. Lindsay and Blakiston, until several weeks after they are due. The London publisher has put the work at the low figure of *five dollars* to those ordering in this country through their agents at Philadelphia, which is less than the price in London. The English copy is certainly superior to the American in mechanical execution, and would be well worth the difference in price if it could be obtained in a reasonable time; but if the subscribers are obliged to wait some weeks for it, and see the re-print first placed in the hands of the public, it cannot be wondered at if they transfer their subscriptions from the former to the latter. A periodical issued in London on the first of July ought to be received by the American subscribers three weeks afterward; but the Boston copies of this number did not come to hand until August 20th. We may observe that those who order directly from London receive their copies in due season. The price, however, in this case is \$6.50.

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"Drs. Perley of Lynn, Perry of Boston, and Cox of Salem, were consulting physicians in this case. Mr. S. W. King, the patient, I visited daily from May 15th to his death, June 28th. He was a man of excellent habits, in all respects, from his earliest youth, and belonged to a family of high respectability, sound constitution and long life. His occupation was that of a teacher, in which he had been honorably and successfully engaged for twenty years. There seemed, in the opinion of all his physicians, after frequent and thorough examination, to be no organic disease. We believe that his death resulted from continued and exhausting anxiety, occasioned by the slanders to which he was subject, and by his grief and disappointment in the action of the School Committee, and their failure to sustain him. In his school he continued to labor, but it was only by exertions too great for his nervous system. He went home, as he said, to die. With a high sense of honor, and a remarkable regard for his reputation, he found no rest for his weary mind, while still under the imputations cast upon him. His frequent allusions to these troubles during his illness, and the excitement which followed, proved with what weight and constancy they oppressed him. I give a few only of his remarks of this kind. 'I have been hunted as if by dogs.' 'They have crushed me.' Two days before his death, when in answer to a direct question, I told him of the improbability of his recovery, he said, among other things, 'They have accomplished their purpose.' In conversation with his pastor—'Looking at this philosophically, one would have supposed that a man of a strong constitution like mine, might have borne up under this persecution, but it has brought me where I am.' Again, a few hours before his death—'My dear father and mother, not one charge that they have brought against me is true; I have never disgraced you.' His first complaint of illness was, 'I am about tired of this warfare.' And the last sentence he ever uttered was, 'I am tired.' There was no discrepancy among his physicians. We all agreed that our patient was wearing out through the agency of the mental emotions.

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ishing food, according to his appetite. Quinine, preparations of iron, brandy, wines, Scotch ale, &c., were given from the commencement of his sickness, but with no decided benefit. He died with Christian resignation, with no spasms and without much suffering."

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Books and Pamphlets received.—Spiritualism Unmasked, by Dan King, M.D.—Fifteenth Annual Catalogue of Rush Medical College.—Ranking's Half-Yearly Abstract.—Ninth Annual Report of the Mass. School for Idiotic and Feeble-Minded Youth.

MARRIED.—In Nantucket, 16th inst., Dr. Charles F. Robinson to Mrs. Elizabeth A. Bradbury.

DIED.—In this city, 22d inst., John Randolph Lincoln, M.D., aged 28.—In New York, 1st inst., James W. Beatty, M.D., 35.—In St. Louis, Mo., Dr. F. F. Leavenworth, in the 33d year of his age.—In Hanover, 13th inst., Benjamin Whitwell, M.D., æt. 40.

Deaths in Boston for the week ending Saturday noon, August 22d, 104. Males, 57—Females, 47.—Accident, 1—apoplexy, 1—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 15—convulsions, 2—cholera infantum, 39—cholera morbus, 1—dysentery, 6—dropsy, 1—dropsy in the head, 1—drowned, 2—infantile diseases, 4—drinking cold water, 1—bilious fever, 1—scarlet fever, 7—typhoid fever, 3—disease of the heart, 2—hemorrhage of uterus, 1—hernia, 1—inflammation of the lungs, 4—old age, 1—scrofula, 1—sunstroke, 1—teething, 2—throat, disease of the, 1—unknown, 2.
Under 5 years, 63—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 79—Ireland, 19—other places, 6.

beef-tea, and toast, but took no heartier food. By Dec. 11th, twenty-eight days from the commencement of the fever, he was able to walk from one chamber to another, and to sit in his library for half a day at a time. He even got well enough to take a drive of half an hour, at least once, and perhaps twice, when the weather was favorable. He appeared to be convalescent, and yet his convalescence did not progress rapidly. His tongue, which began to clean, never cleaned thoroughly. His pulse did not fall below 75. His appetite improved up to a certain point; that is, he relished juice of meat, and broth and bread and gruel, but did not care for heartier food, or for any great amount of it. After the diarrhœa ceased, his bowels were opened as often as twice in three days, part of the time naturally, and part of the time by the aid of a Rochelle powder. His sleep was good and refreshing. His urine appeared normal in quantity and color. The functions of his system seemed to be well performed, and yet he did not improve, from day to day, as much as, judging from his symptoms, he had a right to do.

From Dec. 11th to Dec. 17th, I only saw my patient every other day. As there were no prominent indications for the exhibition of drugs, I only insisted upon a careful regimen, and I have every reason to believe that my directions were implicitly followed. From Dec. 17th to Dec. 22d, he did not appear to be so well as he had been. There was no marked change in his symptoms, but there appeared to be something which kept him down; something which prevented him from convalescing as usual. What that something was, I could not ascertain. Indeed, I was not quite sure that he was not doing well. The aspect of his countenance; the absence of a vigorous appetite, such as convalescents from fever are apt to have; the refusal of his tongue to clean; the disinclination of his pulse to diminish to the natural number of pulsations; and a general sensation of uneasiness, which could not be well described; these symptoms made me suspect that he was not really convalescent. This was seven weeks from the beginning of the fever, and as much as three weeks from the time I hoped convalescence had begun.

On Dec. 22d, he made a somewhat heartier dinner than usual of broth and bread. Not feeling well in the evening, he took no supper. He passed a comfortable night; got up the next morning, and ate a frugal breakfast of bread and gruel, but did not leave his chamber. About 10, A.M., he was suddenly seized with intense, agonizing pain in the bowels, accompanied with chills, nausea, and extreme prostration. Half an hour later, I found him lying on his back, with the pain unabated. He had vomited, and his bowels had been moved once. His forehead and chest were bathed in cold perspiration. His pulse was about 100, small and feeble. His countenance was pale and sunken, and his expression that of

great agony. He referred the pain to a single spot in his bowels, not larger than the palm of the hand, situated on a line drawn from the lower end of the sternum to the anterior, superior process of the right ilium, and quite near the ilium. There was tenderness at that point, but I did not care to press firmly upon it. When I arrived, the patient thought himself to be dying.

Fearing perforation of the intestines had taken place, an unfavorable prognosis was given to the family. Mr. — was directed to keep perfectly quiet. Warm opiate fomentations were applied to his bowels, and he was placed under the influence of sulphate of morphia. In an hour or two there was some abatement of the pain. After four or five hours, he was a little easier, though by no means free from distress.

For the ensuing four weeks, there was persistent pain or uneasiness in the spot already indicated. Firm pressure upon it, during the same period, always gave rise to pain. He also suffered from constant and sometimes severe pain in his back, at a point nearly opposite the spot of abdominal tenderness. This pain of the back and bowels was not relieved, or increased, by any change of posture, or motion of the body or limbs. The coat on his tongue gradually increased in thickness; in color it remained nearly white, except in the centre, where it was dark. His pulse averaged 100, and was feeble. He had very little thirst, and absolutely no appetite. He had no cough, but frequently expectorated a thick, viscid secretion, which often contained some dark blood. This, he insisted, came from the neighborhood of his throat. A repeated examination of his chest detected nothing abnormal in respiration or on percussion. There was nothing noticeable in his urine.

For six days after the attack of pain, just described, his bowels were not moved. An enema was then given, and afterward a dejection was procured every second day by enema. The first dejection was loose, moderate in quantity, and contained a few isolated drops of blood. This appearance was repeated in every dejection for two or three weeks. A careful inspection of the dejections, showed each drop of blood to rest upon, or to be enclosed within a small mass, rather larger in size than a pea, of pus or purulent matter. After a few days, this purulent deposit was accompanied with a viscid, gelatinous-looking substance, which was mixed in small quantities with the fæces. This substance resembled, somewhat, the jelly-like matter, which occurs in the dejections of convalescents from dysentery. Occasionally, there were mingled with the fæces strings or shreds of a tenacious, white matter, resembling lymph. Some of these lymph-like strings were six or eight inches long; generally, however, they were not more than half that length. These various abnormal substances gradually disappeared from his dejections. By the end of the fourth week

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Communications Received.—Cases of Malformed Fetus.—The Death of Charlotte Brontë.

Books and Pamphlets received.—Spiritualism Unmasked, by Dan King, M.D.—Fifteenth Annual Catalogue of Rush Medical College.—Ranking's Half-Yearly Abstract.—Ninth Annual Report of the Mass. School for Idiotic and Feeble-Minded Youth.

MARRIED.—In Nantucket, 16th inst., Dr. Charles F. Robinson to Mrs. Elizabeth A. Bradbury.

DIED.—In this city, 22d inst., John Randolph Lincoln, M.D., aged 28.—In New York, 1st inst., James W. Beatty, M.D., 35.—In St. Louis, Mo., Dr. F. P. Leavenworth, in the 33d year of his age.—In Hanover, 13th inst., Benjamin Whitwell, M.D., *æt.* 40.

Deaths in Boston for the week ending Saturday noon, August 22d, 104. Males, 57—Females, 47.—Accident, 1—apoplexy, 1—inflammation of the bowels, 2—inflammation of the brain, 1—consumption, 15—convulsions, 2—cholera infantum, 39—cholera morbus, 1—dysentery, 6—dropsy, 1—dropsy in the head, 1—drowned, 2—infantile diseases, 4—drinking cold water, 1—bilious fever, 1—scarlet fever, 7—typhoid fever, 3—disease of the heart, 2—hemorrhage of uterus, 1—hernia, 1—inflammation of the lungs, 4—old age, 1—scrofula, 1—sunstroke, 1—teething, 2—throat, disease of the, 1—unknown, 2.
Under 5 years, 63—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 79—Ireland, 19—other places, 6.

The Esculapian Society.—The semi-annual meeting of a Society under this name, was held at Charleston, Ill., on the 27th and 28th of May, Dr. Payue, the President, presiding. On the first day, a communication was received from Dr. L. M. Lawson, of Cincinnati, requesting answers from members on the subject of tubercular consumption. Papers were read, by Dr. Stormont on Irregular Contractions of the Uterus, and Dr. Chambers on Stomatitis Materna. In the evening a public address was delivered by Dr. Davis, after which a sumptuous repast was partaken of. On the second day, committees were appointed on no less than twenty different medical subjects, and resolutions were passed concerning the late death of Dr. W. B. Duffield, one of the oldest members of the Society. Papers on Lithotomy and Practical Medicine were also read.

The Union Medical Association.—At an adjourned meeting of this Society, held at Richview, Washington Co., Ill., on May 19th, its organization was completed, and the following officers elected:—Thos. Wilkins, M.D., President; D. H. McCord, M.D., Vice President; John S. Murphy, M.D., Recording Secretary; S. H. Bundy, M.D., Corresponding Secretary; and B. H. Lucas, M.D., Treasurer. Dr. Morse read a valuable paper on Milk Sickness, and the subject was discussed. A fee bill was adopted, standing committees appointed, and in the evening a public address was delivered by Dr. F. B. Haller, on the History of Ancient Medicine.

Dartmouth College Medical Lectures.—The medical term in this College opened on the 6th inst. with an introductory lecture by Prof. Dixi Crosby. The subject was the history of medical science in New Hampshire from its origin. The lecture is represented as one full of interest to all who heard it—and from the known abilities and extensive information of the lecturer, we have no doubt it was so. The prospects for the session are said to be favorable.

Medical Society of South Western New York.—The third quarterly session for this year was held at the Society's rooms in Jamestown, on the 5th inst.—Dr. G. W. Hazeltine, the President, in the chair. An interesting report was presented by Dr. T. D. Strong, of Westfield, on the use of chloroform in obstetrics. The

members dined together at 4; in the evening a biography of the late Dr. Laban Hazeltine was read by A. Hazeltine, Esq., and afterwards the regular address was delivered by Dr. T. D. Strong. The subject of it was Homoeopathy, which was discussed with great ability and candor. After its delivery, the members returned to their rooms, and continued the session till half past 10 P. M. The speeches and sentiments at the dinner table occupy a whole page in the Jamestown Journal.

BOYLSTON MEDICAL PRIZE QUESTIONS.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:

EDW. REYNOLDS, M.D.	J. M. WARREN, M.D.
JOHN JEFFRIES, M.D.	D. H. STORER, M.D.
S. D. TOWNSEND, M.D.	CHAR. G. PUTNAM, M.D.
J. B. S. JACKSON, M.D.	MORRILL WYMAN, M.D.
HENRY J. BIGELOW, M.D.	

At the annual meeting of the Committee on Wednesday, Aug. 5th, 1857, a premium of sixty dollars, or a gold medal of that value, was awarded to Wm. W. MORLAND, M.D., of Boston, for a dissertation on the following question:

"The Pathology and Treatment of the Diseases of the Urinary Organs."

The other Boylston Premium of the same value, was awarded to ERNEST CUTLER, M.D., of Woburn, for a dissertation on

"Under what circumstances do the usual Signs furnished by Auscultation and Percussion prove fallacious?"

The questions for 1858 are—

1. *Spermatorrhoea—its causes, consequences and treatment.*

2. *Human parasites, animal and vegetable—their anatomy, development, natural history and treatment.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M.D., on or before the First Wednesday of April, 1858.

The following questions are proposed for 1859:—

1. *New and useful views upon any subject in medicine or surgery.*

2. *Tubercle—its pathology, and especially its relation to inflammation.*

Dissertations on these subjects must be transmitted as above, on or before the First Wednesday of April, 1859.

The author of the best dissertation considered worthy of a premium, on either of the subjects presented for 1858, will be entitled to a premium of one hundred and twenty dollars, or a gold medal of that value, at his option.

The author of the best dissertation considered worthy of a premium on either of the subjects presented for 1859, will be entitled to a premium of sixty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the Chairman of the Committee, in a legible hand-writing, within the time specified.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1825, the Secretary was directed to publish annually the following votes:

1st. That the editors do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

D. HUMPHREYS STORER, Sec'y.
Boston, Aug. 7th, 1857. aug 13—cop31